
DC Fire & EMS Patient Care Policies: Transfer of Care: Non-Transporting EMT-P to Transporting EMT-P



Note Well: *To define the situations where it is permissible for a non-transporting EMT-P to transfer patient care to a transporting EMT-P, and to expedite the transfer of patient care.*

I. Policy

1. A non-transporting EMT-P may transfer to a transporting EMT-P under the following conditions:
 - A. The patient demonstrates no hemodynamic or respiratory instability where deterioration is anticipated.
 - B. The patient meets mechanistic critical trauma triage criteria only.
2. A non-transporting EMT-P shall not transfer care to a transporting EMT-P under the following conditions
 - A. Hemodynamic instability, defined as
 - i. Systolic B/P less than 80 mmHg.
 - ii. Heart rate less than 40 bpm or greater than 150 bpm.
 - iii. GCS less than 8 due to an acute change in condition.
 - iv. Ventricular tachycardia.
 - B. Impending respiratory compromise or failure.
 - C. Utilization of the following:
 - i. Nasotracheal or orotracheal intubation. This includes airway instrumentation attempts and aborts.

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I. Policy (continued)

- D. The patient meets anatomic or physiologic critical trauma triage criteria.
 - E. Any patient that the transporting EMT-P deems to be unstable.
 - F. Any patient whose condition required two or more EMT-Ps to adequately deliver care prior to transport or anticipated during transport.
- 3. Medical control is not required for the transfer of care. EMT-Ps are encouraged to utilize direct medical control to expedite the transfer of care whenever questions arise.
 - 4. The non-transporting EMT-Ps that transfer care shall document the emergency response and care delivered on the Patient Care Report. Only one report is necessary, as long as it specifies which EMT-Ps performed what care.
 - 5. Non-transporting EMT-Ps that travel to the hospital shall document the emergency response and care delivered on the Patient Care Report. The report shall be completed prior to leaving the hospital.